Case 10-23408 Doc 3 Filed 06/15/10 Page 1 of 8

B22C (Official Form 22C) (Chapter 13) (04/10)	According to the calculations required by this statement:
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In re Shelia Obrine Bowman	The applicable commitment period is 5 years.
Debtor(s)	☐ Disposable income is determined under § 1325(b)(3)
Case Number:	✓ Disposable income is not determined under § 1325(b)(3)
(If known)	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT	OF INCOME		
	Marital/filing status. Check the box that applies and comp a. Unmarried. Complete only Column A ("Debtor's	Income") for Lines 2-10.		
1	b. Married. Complete both Column A ("Debtor's In	come") and Column B (Spouse's	Income) for L	ines 2-10.
	All figures must reflect average monthly income received from six calendar months prior to filing the bankruptcy case, end before the filing. If the amount of monthly income varied during the six-month total by six, and enter the result on the	ing on the last day of the month ring the six months, you must	Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commiss	sions.	\$5,548.98	\$0.00
Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.				
	a. Gross Receipts	\$ 0.00		
	b. Ordinary and necessary business expenses	\$ 0.00		
	c. Business income	Subtract Line b from Line a	\$0.00	\$0.00
4	Rent and other real property income. Subtract Line b from in the appropriate column(s) of Line 4. Do not enter a number include any part of the operating expenses entered on Include any part of the operating expenses entered on Include any part of the operating expenses but ordinary and necessary operating expenses C. Rent and other real property income	ber less than zero. Do not	\$0.00	\$0.00
5	5 Interest, dividends, and royalties.			\$0.00
6	Pension and retirement income.		\$0.00	\$0.00
7	Any amounts paid by another person or entity, on a regexpenses of the debtor or the debtor's dependents, ince that purpose. Do not include alimony or separate maintenaby the debtor's spouse.	luding child support paid for	\$410.00	\$0.00

8	Unemployment compensation. Enter the am However, if you contend that unemployment of was a benefit under the Social Security Act, do Column A or B, but instead state the amount in				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$	\$	\$
9	Income from all other sources. Specify sour sources on a separate page. Total and enter of maintenance payments paid by your spous or separate maintenance. Do not include a Act or payments received as a victim of a war of international or domestic terrorism.				
	a.	\$			
				\$0.00	\$0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).	d, if Column B is comple	eted, add Lines 2 thru 9	\$5,958.98	\$0.00
11	Total. If Column B has been completed, add I enter the total. If Column B has not been com A.			\$ 5,958.98	
•	Part II. CALCULATIO	N OF § 1325(b)(4) C	OMMITMENT PERIO	D	
12	Enter the amount from Line 11.				\$ 5,958.98
12	Enter the amount from Line 11. Marital adjustment. If you are married, but a calculation of the commitment period under § spouse, enter on Line 13 the amount of the incregular basis for the household expenses of you basis for excluding this income (such as paym persons other than the debtor or the debtor's of purpose. If necessary, list additional adjustment adjustment do not apply, enter zero.	1325(b)(4) does not requested in Line 10, Court or your dependents an ent of the spouse's tax dependents) and the am	puire inclusion of the inco Column B that was NOT p and specify, in the lines be liability or the spouse's so ount of income devoted t	me of your paid on a elow, the upport of o each	
	Marital adjustment. If you are married, but a calculation of the commitment period under § spouse, enter on Line 13 the amount of the incregular basis for the household expenses of you basis for excluding this income (such as paym persons other than the debtor or the debtor's of purpose. If necessary, list additional adjustments	1325(b)(4) does not requested in Line 10, Court or your dependents an ent of the spouse's tax dependents) and the am	puire inclusion of the inco Column B that was NOT p and specify, in the lines be liability or the spouse's so ount of income devoted t	me of your paid on a elow, the upport of o each	\$ 5,958.98 \$0.00

14	Subtract Line 13 from Line 12 and enter the result.	\$	5,958.98		
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$	71,507.76		
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: MD b. Enter debtor's household size: 2				
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.				
17	☑ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable comr is 3 years" at the top of page 1 of this statement and continue with this statement.	nitn	nent period		
	☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable coperiod is 5 years" at the top of page 1 of this statement and continue with this statement.	mm	itment		
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME				
18	Enter the amount from Line 11.	\$	5,958.98		
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.				
	a. \$	\$	0.00		
	Total and enter on Line 19.				
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	5,958.98		
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$	71,507.76		
22	Applicable median family income. Enter the amount from Line 16	\$	72,801.00		
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.				
23	☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined and complete the remaining parts of this statement.	ərmir	ned under §		
	☑ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV				
	Part IV. CALCULATION OF DEDUCTIONS FROM INCOME				
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)				
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$			

24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.					
	Household members under 65 y	ears of age	House	hold members 65 years of	age or older	
	a1. Allowance per member		a2. A	llowance per member		
	b1. Number of members		_{b2.} N	umber of members		
	c1. Subtotal		c2. S	ubtotal		\$
25A	Local Standards: housing and uti and Utilities Standards; non-mortgage information is available at <a "operating="" (these="" 1="" 2="" 27a="" <a="" amount="" amounts="" applicable="" are="" area="" at="" available="" census="" checked="" costs"="" enter="" for="" from="" href="https://www.usdoj.gov/ust/" if="" in="" irs="" line="" local="" metropolitan="" more,="" number="" of="" on="" or="" public="" region.="" standards:="" statistical="" the="" transportation="" transportation"="" transportation.="" vehicles="" you="">www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$				
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating				\$	

	Local Standards: transportation ownership/lease expense which you claim an ownership/lease expense. (You may not than two vehicles.) 1 2 or more.			
28	Enter, in Line a below, the "Ownership Costs" for "One Car" fro (available at www.usdoj.gov/ust/ or from the clerk of the bankre Average Monthly Payments for any debts secured by Vehicle 1 Line a and enter the result in Line 28. Do not enter an amount	uptcy court); enter in Line b t , as stated in Line 47; subtra	he total of the	
	a. IRS Transportation Standards, Ownership Costs	\$		
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47.	\$		
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a		\$
29	Local Standards: transportation ownership/lease expense the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" fr (available at www.usdoj.gov/ust/ or from the clerk of the bank Average Monthly Payments for any debts secured by Vehicle Line a and enter the result in Line 29. Do not enter an amount	om the IRS Local Standards ruptcy court); enter in Line b 2, as stated in Line 47; subtr	: Transportation the total of the	
	a. IRS Transportation Standards, Ownership Costs	\$		
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$		
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a		\$
30	Other Necessary Expenses: taxes. Enter the total average refederal, state and local taxes, other than real estate and sales taxes. social security taxes. and Medicare taxes. Do not include	taxes, such as income taxes de real estate or sales taxe	, self employment	\$
31	Other Necessary Expenses: involuntary deductions for expayroll deductions that are required for your employment, such uniform costs. Do not include discretionary amounts, such	n as retirement contributions as voluntary 401(k) contrib	, union dues, and outions.	\$
32	Other Necessary Expenses: life insurance. Enter total avera pay for term life insurance for yourself. Do not include premit whole life or for any other form of insurance.			\$
33	Other Necessary Expenses: court-ordered payments. Ente required to pay pursuant to the order of a court or administrative payments. Do not include payments on past due obligation	ve agency, such as spousal o		\$
34	Other Necessary Expenses: education for employment of child. Enter the total average monthly amount that you actually employment and for education that is required for a physically whom no public education providing similar services is available.	y expend for education that i or mentally challenged depe	s a condition of	\$
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.			\$
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.			\$
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent			\$
38	Total Expenses Allowed under IRS Standards. Enter the total	of Lines 24 through 37.		\$
	Subpart B: Additional Living	Expense Deductions		

		Note:	Do not include any expens	es that you have list	ed in Lines 24	-37	
	expens		lity Insurance, and Health S set out in lines a-c below tha s.				
39	a.	Health Insurance		\$			
39	b.	Disability Insuran	ce	\$			
	C.	Health Savings A	ccount	\$			
	Total a	and enter on Line 39					\$
	the sp	do not actually expace below:	pend this total amount, state	e your actual total ave	rage monthly e	xpenditures in	
40	month elderly	ly expenses that you v, chronically ill, or d	to the care of household on will continue to pay for the re- isabled member of your hous- enses. Do not include paym	easonable and necess ehold or member of yo	ary care and su our immediate f	upport of an	\$
41	you ac	ctually incurred to ma es Act or other appli	y violence. Enter the total averaintain the safety of your famicable federal law. The nature	ily under the Family Vi	olence Prevent	ion and	\$
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must					\$	
40	you ac	ctually incur, not to e	dependent children under 1 xceed \$147.92* per child, for dependent children less than	attendance at a privat	e or public eler	nentary or	
43	truste	e with documentat	ion of your actual expenses sarv and not already accoun	s, and you must expla	ain why the an		\$
	clothin	g expenses exceed	hing expense. Enter the total the combined allowances for	food and clothing (app	arel and service	es) in the IRS	
44	www.u	<u>ısdoj.gov/ust/</u> or fror	exceed 5% of those combine in the clerk of the bankruptcy onable and necessary.				\$
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.				\$		
46	Total	Additional Expense	e Deductions under § 707(b)). Enter the total of Lin	es 39 through	45.	\$
			Subpart C: Deduct	tions for Debt Paym	ent		
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	includ	e taxes urance?	
	a.			\$	yes 🔲		1
	<u>~.</u>		1	Ŧ			.
					Total: Add Lir	nes a, b and c	\$

48	residence you may in addition amount List and	ayments on secured claims. If any of debts listed in Line 47 are se, a motor vehicle, or other property necessary for your support or include in your deduction 1/60th of any amount (the "cure amoun to the payments listed in Line 47, in order to maintain possess would include any sums in default that must be paid in order to a total any such amounts in the following chart. If necessary, list a	or the support of your dependents, int") that you must pay the creditor ion of the property. The cure ivoid repossession or foreclosure.	
	page.	Name of Creditor Property Securing the Debt	1/60th of the Cure Amount	コー
			Total: Add Lines a, b and c	\$
49	as priori	Its on prepetition priority claims. Enter the total amount, divide ty tax, child support and alimony claims, for which you were liable onot include current obligations, such as those set out in Li	e at the time of your bankruptcy	h \$
		13 administrative expenses. Multiply the amount in line a by the administrative expense.	he amount in line b, and enter the	
		Projected average monthly Chapter 13 plan payment.	\$]
50	k a	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy		
		court.) Average monthly administrative expense of Chapter 13 case	X	4
	C. 7	Average monthly duministrative expense of enapter to ease	Total: Multiply Lines a and b	\$
51	Total De	eductions for Debt Payment. Enter the total of Lines 47 through 50.		\$
		Subpart D: Total Deductions from	Income	
52	Total of	fall deductions from income. Enter the total of Lines 38, 46, ar	nd 51.	\$
		Part V. DETERMINATION OF DISPOSABLE INCO	OME UNDER § 1325(b)(2)	
53	Total cu	Part V. DETERMINATION OF DISPOSABLE INCO	OME UNDER § 1325(b)(2)	\$
53	Support disability		ayments, foster care payments, eived in accordance with applicab	or
	Support disability nonbank Qualifie from wa	urrent monthly income. Enter the amount from Line 20. t income. Enter the monthly average of any child support pay payments for a dependent child, reported in Part I, that you rec	ayments, foster care payments, elived in accordance with applicabor such child. mounts withheld by your employer	or slee \$
54	Support disability nonbank Qualifie from wa repayme	t income. Enter the amount from Line 20. It income. Enter the monthly average of any child support pay payments for a dependent child, reported in Part I, that you recording to the extent reasonably necessary to be expended for the retirement deductions. Enter the monthly total of (a) all a larges as contributions for qualified retirement plans, as specified	ayments, foster care payments, elived in accordance with applicabor such child. mounts withheld by your employed in § 541(b)(7) and (b) all require	or slee \$
54 55	Support disability nonbank Qualifie from wa repayme Total of Deducti for which in lines a total in I must p	urrent monthly income. Enter the amount from Line 20. It income. Enter the monthly average of any child support pay payments for a dependent child, reported in Part I, that you recording to the extent reasonably necessary to be expended for the deductions. Enter the monthly total of (a) all a tiges as contributions for qualified retirement plans, as specified ents of loans from retirement plans, as specified in § 362(b)(19).	ayments, foster care payments, eleved in accordance with applicable or such child. mounts withheld by your employed in § 541(b)(7) and (b) all required from Line 52. ces that justify additional expense stances and the resulting expense e. Total the expenses and enter the cation of these expenses and your service of the sexpenses and your service of these expenses and your service of the service o	or slee \$ er ses ses ne bu
54 55 56	Support disability nonbank Qualifie from wa repayme Total of Deducti for which in lines a total in I must p	t income. Enter the monthly average of any child support pay payments for a dependent child, reported in Part I, that you reconcupted law, to the extent reasonably necessary to be expended for the determent deductions. Enter the monthly total of (a) all a tiges as contributions for qualified retirement plans, as specified ents of loans from retirement plans, as specified in § 362(b)(19). If all deductions allowed under § 707(b)(2). Enter the amount from the formula of the special circumstants in there is no reasonable alternative, describe the special circumstants are below. If necessary, list additional entries on a separate pagaline 57. You must provide your case trustee with document provide a detailed explanation of the special circumstants.	ayments, foster care payments, eleved in accordance with applicable or such child. mounts withheld by your employed in § 541(b)(7) and (b) all required from Line 52. ces that justify additional expense stances and the resulting expense e. Total the expenses and enter the cation of these expenses and your service of the sexpenses and your service of these expenses and your service of the service o	or slee \$ er ses ses ne bu
54 55 56	Support disability nonbank Qualifie from wa repayme Total of Deducti for which in lines a total in I must p	t income. Enter the monthly average of any child support pay payments for a dependent child, reported in Part I, that you reconcupted law, to the extent reasonably necessary to be expended for the deductions. Enter the monthly total of (a) all a tages as contributions for qualified retirement plans, as specified ents of loans from retirement plans, as specified in § 362(b)(19). If all deductions allowed under § 707(b)(2). Enter the amount from for special circumstances. If there are special circumstance in there is no reasonable alternative, describe the special circumstance are below. If necessary, list additional entries on a separate pagatine 57. You must provide your case trustee with document provide a detailed explanation of the special circumstance ary and reasonable.	ayments, foster care payments, eleived in accordance with applicable or such child. The such child by your employed in § 541(b)(7) and (b) all requires from Line 52. The stances and the resulting expenses at the expenses and enter the station of these expenses and your employed in § 541(b)(7) and (b) all requires from Line 52.	or slee \$ er ses ses ne bu
54 55 56	Support disability nonbank Qualifie from wa repaymer Total of Deducti for which in lines a total in I must p necessary	t income. Enter the monthly average of any child support pay payments for a dependent child, reported in Part I, that you reconcupted law, to the extent reasonably necessary to be expended for the deductions. Enter the monthly total of (a) all a tages as contributions for qualified retirement plans, as specified ents of loans from retirement plans, as specified in § 362(b)(19). If all deductions allowed under § 707(b)(2). Enter the amount from for special circumstances. If there are special circumstance in there is no reasonable alternative, describe the special circumstance are below. If necessary, list additional entries on a separate pagatine 57. You must provide your case trustee with document provide a detailed explanation of the special circumstance ary and reasonable.	ayments, foster care payments, eleived in accordance with applicable or such child. mounts withheld by your employed in § 541(b)(7) and (b) all required from Line 52. ces that justify additional expenses stances and the resulting expense e. Total the expenses and enter the tation of these expenses and your ces that make such expenses. Amount of expense	or slee \$ er ses ses ne bu
54 55 56	Support disability nonbank Qualifie from wa repayme Total of Deducti for which in lines a total in I must p necessaria.	t income. Enter the monthly average of any child support pay payments for a dependent child, reported in Part I, that you recorruptcy law, to the extent reasonably necessary to be expended for the retirement deductions. Enter the monthly total of (a) all a tiges as contributions for qualified retirement plans, as specified ents of loans from retirement plans, as specified in § 362(b)(19). If all deductions allowed under § 707(b)(2). Enter the amount from for special circumstances. If there are special circumstance in there is no reasonable alternative, describe the special circumstance below. If necessary, list additional entries on a separate pagaline 57. You must provide your case trustee with document provide a detailed explanation of the special circumstance ary and reasonable. Nature of special circumstances	ayments, foster care payments, oneived in accordance with applicable or such child. Imounts withheld by your employed in § 541(b)(7) and (b) all required from Line 52. I come that justify additional expenses stances and the resulting expense e. Total the expenses and enter the station of these expenses and your employer. Amount of expense Total: Add Lines a, b, and c	or ele \$ er ed \$ ses es es es es es es es ses es ses es ses es

59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	
	Part VI. ADDITIONAL EXPENSE CLAIMS	
60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. Expense Description Monthly Amount	
	Total: Add Lines a, b, and c \$	
	Part VII: VERIFICATION	
61	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case both debtors must sign.) Date: 6/8/2010 Signature: /s/ Shelia Obrine Bowman Shelia Obrine Bowman, (Debtor)	e,